File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



PN 5.19 CS 2008 MAY 21 AM 9:53 FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)	
IMPORTANT: Indicate by # type of committee you are feporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political	FORM DR-2 (Rev. 07/2007) DISCLOSURE REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political 11) Local Ballot Issue	/ I For Office Use Only
CANDIDATE COMMITTEES ONLY:	Comm. #
Candidate Name Political Party (if applicable)	Logged In
DON W. Brantz Republican	Computer
Office Sought District (if Senate or House) Willia Co. Board of Supervisor N.A.	Audited
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A	(7) and 68A.401(3), the candidate, for a
Mr. W. Brant 17 712-526-2028	-/11/2me
SIGNATURE OF PERSON FILMS REPORT TELEPHONE	DATE SIGNED
IAM FILING A 5 19 2008 REPORT FOR (1) ELECTION /	
CHECK IF AMENDMENT TO REPORT DATED	
- -	ocal Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)	County & Loca Committees, enter County in
	vhich Election is held
	Mills
STATEMENT OF CASH ON HAND	Mills
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period.	Mills
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	Mills 2000.00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD	
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

MONETARY (Including candidate's personal funds) (Rev. 07/03) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM

SCHEDULE

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

- DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	. DELATIONS		
RECEIVED	(if applicable)	TO THE AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	, KLOLIVED	RAISER
- / /	ID# /				INCOME
.4/6/2008	"cash	Ralph Touss	Friend		
1/2/2008	CK#	225th St.		\$ 100.00	
		Plenwood Iona 51534			
4/1	ID#	Dean + Alice Shipley 57187 225th St.	r. C. 1	100 10	
76/2008	014 (105	57/87 - # 5	Friends	100,00	
1 /	CK# <i>6185</i>	27.61 225 AC ST.		i	{ L
4.	ID#	Brant to Campaign			
4/8	.5,,	Brot & Commission		1500	l ———
<i>F/</i>	CK#	Total of a company		1,00	
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4/22	ID#	Brant to lampaign		2 - 2	
4/22	CK#	colony to lampaign		300	
/	ON#				
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5/08		1stants to campaign		200	
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t:- ¥			SUB-TOTAL		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (if last page of this schedule)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

(Rev. 07/03)

SCHEDULE

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization) Brank CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE **ID NUMBER EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# KCSI Kadio Station 2008 Kadio ans 1991 Isonwood are, CK# /003 \$ 853.50 Hed Oak Jan 5/56 ID# Makein Leader 42,50 108 W. 4th St. CK# 1002 Makesn Ima 51551 ID# Dlenund library 15, 75 N. Vike St. CK# 1001 Slenwood Dava SISH ID# Alexand library 450 109 N. Vine 5+ CK# 1013 Demond Jun 51534 ID# Viein Theire Here paper ade 239,46 CK# 1015 S. Walnut 200 8 lonword, Sun 51534 ID# Opinin Talane 55,26 6 S. Walnut CK# 1014 2008 Glemond Jun 51534 ID# News paper ad 12 Leider 110.50 CK# 10/6 200 ID# CK#

SUB-TOTAL

TOTAL (if last page of this schedule)

1,321.47

\$ 1.321.47

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

Page	_one	of	one
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